



**BUSINESS LICENSE APPLICATION**  
**PEDDLERS, CANVASSERS, SOLICITORS & TRANSIENT MERCHANTS**  
**Town of Fountain Hills, Arizona**

Please fill in all blanks applying to your business: **(Incomplete applications will not be processed.)**

Note: Minimum 10-day processing period before license and badges will be issued.

**NAME AND BUSINESS INFORMATION:**

\_\_\_\_\_  
**Business Name** (Company or Individual DBA)

\_\_\_\_\_  
**Business Start Date**

\_\_\_\_\_  
**Primary Contact Person**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Business Phone No.**

\_\_\_\_\_  
**Fed. I.D. Tax #**

\_\_\_\_\_  
**Description of Applicant** – (Include a 1” by 1” photo, showing the head and shoulders, taken within the last 60 days. See page 3)

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**State Sales Tax Number** (attach copy)

1) \_\_\_\_\_ 2) \_\_\_\_\_

**List the names and phone numbers of two people who can be contacted in case of emergency**

\_\_\_\_\_  
**Complete Physical Address** where business is based

\_\_\_\_\_  
**Mailing Address** if different from above

\_\_\_\_\_  
**Physical Location in Fountain Hills** where business will be transacted

Is this location on **private property**? ☐ **Yes** ☐ **No** If yes, **attach written permission** from property owner to use the premises.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**List 3 Cities/Towns** where business has been transacted in the past 60 days.

\_\_\_\_\_  
**Description of business and goods** to be sold

\_\_\_\_\_  
**Description of vehicle(s)** to be used in the course of business (make, model, year)

*Please be specific and include the dates and times:*

**Length of time the right to do business** is desired - From: \_\_\_\_\_ To: \_\_\_\_\_

*(Permit may be issued for up to a three consecutive months, with door-to-door solicitation hours of 8:00 a.m. to Dusk only)*

Please supply **Two Local References** (property owners):

1) \_\_\_\_\_  
**Name** **Address** **Phone Number**

2) \_\_\_\_\_  
**Name** **Address** **Phone Number**

Have you or any person listed on this application been convicted of **any crime, misdemeanor, or municipal law**? ☐ **Yes**  
☐ **No**

**If so**, state the name of the person, the nature of the offense and the penalty or punishment assessed therefore:

\_\_\_\_\_  
\_\_\_\_\_

Are you proposing to sell **edible foodstuffs**? \_\_\_\_ **Yes** \_\_\_\_ **No** If yes, attach a copy of your **Maricopa County health card or statement** from a physician of the Town of Fountain Hills, dated not more than 10 days prior to the submission of this application, certifying that applicant is free of infectious, contagious, or communicable diseases.

**OWNERSHIP INFORMATION:**

If employed, please supply the following:

|                                  |                                |                           |                              |                     |
|----------------------------------|--------------------------------|---------------------------|------------------------------|---------------------|
| _____<br><b>Name of Employer</b> |                                | _____<br><b>Title</b>     | _____<br><b>Phone Number</b> |                     |
| _____<br><b>Street</b>           | _____<br><b>Suite/Apt. No.</b> | _____<br><b>City/Town</b> | _____<br><b>State</b>        | _____<br><b>Zip</b> |

**\*\*NOTE\*\*** Please attach evidence establishing the exact relationship between the employer and yourself.

Complete as applicable to the business:

**Arizona Sales Tax License #** \_\_\_\_\_ **Food Handler Permit #** \_\_\_\_\_

**Contractors License #: Commercial** \_\_\_\_\_ **Residential** \_\_\_\_\_ **Renewal Date** \_\_\_\_\_

(Attach copies of any licenses you may have to verify compliance with all Federal and State regulations pertaining to your trade, profession, occupation, or business.)

(INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.)

**I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.** "It is unlawful to go upon any premises whereon a sign bearing the words "no peddlers" or any similar terms are exposed to public view or to remain on any premises after having been requested to leave by the owner or occupant whether such premises are posted as specified above or not". **IDENTIFICATION CARDS MUST BE IN YOUR POSSESSION AND SHOWN UPON REQUEST WHILE CONDUCTING BUSINESS IN FOUNTAIN HILLS.**

|                      |   |                                      |                       |
|----------------------|---|--------------------------------------|-----------------------|
| _____<br><b>Date</b> | _____<br><b>Owner or Authorized Signature</b> | _____<br><b>Name (Print or Type)</b> | _____<br><b>Title</b> |
|----------------------|---|--------------------------------------|-----------------------|

Please return this **completed application** with a **check or money order** for **\$250.00**, and **\$25.00** for each background investigation fee requested (see page 3).

**Town of Fountain Hills  
Office of the Town Clerk  
P. O. Box 17958, 16836 E. Palisades Blvd., Building A  
Fountain Hills, AZ 85269**

**DO NOT WRITE BELOW THIS LINE**

\$25.00 Application Fee Received: \_\_\_\_ **Yes** \_\_\_\_ **No** Check Number \_\_\_\_\_ # of individuals \_\_\_\_\_ (see page 3)

Term of License and Amount: **Quarterly - \$250.00**  
(Unless otherwise designated by applicant)

Effective Period of License: \_\_\_\_\_ License Number: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Compliance: \_\_\_\_ **Yes** \_\_\_\_ **No** Action, if any: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Check Number: \_\_\_\_\_

Approval Date: \_\_\_\_\_ Denial Date and Reason for Denial: \_\_\_\_\_

Comments: \_\_\_\_\_

List the following information and provide a 1” x 1” head & shoulder photo for EACH person representing your organization’s solicitation efforts. *An additional background investigation fee of \$25.00 must be included for each of the names listed at the time the application is submitted. This fee is required in addition to the \$275.00 application and permit fees.* (INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED)

| <u>NAME</u> | <u>ADDRESS</u> | <u>BIRTH DATE</u> | <u>SOC. SEC. #</u> |
|-------------|----------------|-------------------|--------------------|
|-------------|----------------|-------------------|--------------------|

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\*\*(Submit an additional sheets if necessary)